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CONFIRMATION NO. 7091

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09/757,011	01/09/2001 RULE	514	1624	317743-103C

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/866,007 05/30/1997 PAT 6,191,165  
 which claims benefit of 60/070,900 02/27/1997  
 This application 09/757,011  
 claims benefit of 60/041,503 05/31/1996  
 and claims benefit of 60/044,387 02/27/1997  
 and claims benefit of 60/041,504 05/31/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

39731

## TITLE

Pharmaceutical for treatment of neurological and neuropsychiatric disorders

FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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